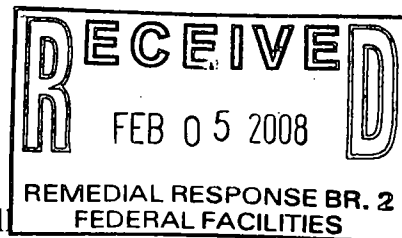




1100 State Road, Ashtabula, Ohio 44004

Phone: (440) 997-6131 • Fax: (440) 992-2904

January 16, 2008



Keith R. Buell  
Detrex Corp.  
1100 State Rd.  
Ashtabula, Ohio 44004

Ms. Terese Van Donsel  
U.S. EPA  
Office of Superfund, Region 5  
SR-6J  
77 West Jackson Blvd.  
Chicago, IL 60604-3590

EPA Region 5 Records Ctr.



361478

Dear Ms. Van Donsel,

Enclosed please find the MOR report for December 2007 for Detrex Corp. in Ashtabula, Ohio.

I certify that the information contained in or accompanying this submission is true, accurate and complete. This certification is based on my personal preparation, review, or analysis of the submission, and/or supervision of persons who, acting on my direct instructions, made the verification that the submitted information is true, accurate and complete.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Keith R. Buell'.

Keith R. Buell  
Detrex Corp.  
440-997-6131

## MONTHLY REPORT FORM

4500

Name, Address City, County, ZIP :

Station Code :

Reported Date (Month Year) :

Application :

1/14/2008

Detrex  
1100 State Rd  
Ashtabula OH 44004

002

December 2007

3IF00017\*KD

Sampling Station Description :

Final Outfall

in(1) - Enter 1 for Continuous, 2 for Composite, 3 for Grab Sample

Reporting Lab :

Analyst :

in(2) - Enter frequency of sampling

Firstechnology, Inc.

DR, WSS, RLG, STB, TR

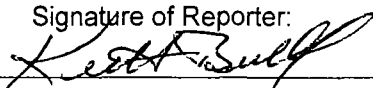
(1)	1	2	2	2	3	2	3
(2)	999	2	2	2	1	2	1
Day	(00010) Water Temperature C	(00310) Biochemical Oxygen Demand, 5 Day	(00515) Residue, Total Dissolved mg/l	(00530) Total Suspended Solids mg/l	(00550) Oil and Grease, Total mg/l	(00665) Phosphorus, Total (P) mg/l	(00719) Cyanide, Free mg/l
01	8						
02	7						
03	8						
04	10						
05	9						
06	8						
07	9	13	228	AA	AA	0.072	AA
08	10						
09	6						
10	8						
11	9						
12	9						
13	9						
14	9	8	210	AA	AA	0.059	
15	5						
16	4						
17	4						
18	5						
19	8						
20	9						
21	8	9	174	AA	AA	0.126	
22	5						
23	5						
24	4						
25	4						
26	5						
27	7						
28	8	16.3	300	AA	AA	0.059	
29	6						
30	5						
31	5						
TOTAL	216	46.3	912	0	0	0.316	0
AVG	6.9677	11.575	228	0	0	0.079	0
MAX	10	16.3	300	0	0	0.126	0
MIN	4	8	174	0	0	0.059	0

I certify under the penalty of law that I have personally examined and am familiar with the information submitted and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Date Report Completed:

01/14/2008

Signature of Reporter:



Title of Reporter:

Environmental

## MONTHLY REPORT FORM

4500

Name, Address City, County, ZIP :

Detrex  
1100 State Rd  
Ashtabula OH 44004

Station Code :

002

Reported Date (Month Year) :

December 2007

Application :

3IF00017\*KD

1/14/2008

Sampling Station Description :

Final Outfall

in(1) - Enter 1 for Continuous, 2 for Composite, 3 for Grab Sample

Reporting Lab :

Analyst :

in(2) - Enter frequency of sampling

Firstechnology, Inc.

DR, WSS, RLG, STB, TR

(1)	2	1	2	2	2	2	1
(2)	2	999	2	2	2	2	999
Day	(01079) Silver, Total Recoverable ug/l	(61942) pH, Minimum S.U.	(01082) Strontium, Total (Sr) ug/l	(01094) Zinc, Total Recoverable ug/l	(01113) Cadmium, Total Recoverable ug/l	(01119) Copper, Total Recoverable ug/l	(50050) Flow Rate MGD
01		7.8					0.352
02		7.6					0.154
03		7.7					0.526
04		8.2					0.597
05		8.2					0.589
06		7.9					0.59
07	AA	7.2	162	AA	AA	AA	0.44
08		7.2					0.249
09		7.6					0.148
10		7.6					0.411
11		7.6					0.592
12		8.2					0.629
13		8.2					0.591
14	AA	8.2	155	AA	AA	AA	0.608
15		8.1					0.261
16		8					0.381
17		8.3					0.553
18		8.2					0.613
19		8					0.652
20		7.9					0.517
21	AA	7.1	348	22	AA	AA	0.495
22		8					0.177
23		8					0.184
24		8.1					0.178
25		8.1					0.175
26		8					0.33
27		8					0.58
28	AA	8.6	194	11.6	AA	AA	0.64
29		8.3					0.232
30		8.4					0.189
31		8.4					0.183
TOTAL	0	246.7	859	33.6	0	0	12.816
AVG	0	N/A	214.75	8.4	0	0	0.4134
MAX	0	8.6	348	22	0	0	0.652
MIN	0	7.1	155	0	0	0	0.148

## MONTHLY REPORT FORM

4500

Name, Address City, County, ZIP :

Station Code :

Reported Date (Month Year) :

Application :

1/14/2008

Detrex  
1100 State Rd  
Ashtabula OH 44004

002

December 2007

3IF00017\*KD

Sampling Station Description :

Final Outfall

in(1) - Enter 1 for Continuous, 2 for Composite, 3 for Grab Sample

Reporting Lab :

Analyst :

in(2) - Enter frequency of sampling

Firstechnology, Inc.

DR, WSS, RLG, STB, TR

(1)	3	3	1				
(2)	1	1	999				
Day	(50060) Chlorine, Total Residual mg/l	(50092) Mercury, Total (Low Level) ng/l	(61941) pH, Maximum S.U.				
01			8.4				
02			7.8				
03			8.3				
04			8.3				
05			8.3				
06			8.2				
07	AA	AA	7.9				
08			7.7				
09			7.7				
10			7.7				
11			8.3				
12			8.4				
13			8.4				
14	AA		8.4				
15			8.4				
16			8.6				
17			8.6				
18			8.3				
19			8.2				
20			8.1				
21	AA		8.1				
22			8.1				
23			8.1				
24			8.1				
25			8.1				
26			8.2				
27			8.7				
28	AA		8.7				
29			8.7				
30			8.5				
31			8.4				
TOTAL	0	0	255.7	0	0	0	0
AVG	0	0	N/A				
MAX	0	0	8.7				
MIN	0	0	7.7	0	0	0	0

## MONTHLY REPORT FORM

4500

Name, Address City, County, ZIP :

Detrex  
1100 State Rd  
Ashtabula OH 44004

Station Code :

002

Reported Date (Month Year) :

December 2007

Application :

3IF00017\*KD

1/14/2008

Sampling Station Description :

Final Outfall

Reporting Code	Result Date	Additional Remarks	Mdl
00530	12/07/2007		6.
00530	12/14/2007		6.
00530	12/21/2007		6.
00530	12/28/2007		6.
00550	12/07/2007		1.2
00550	12/14/2007		1.2
00550	12/21/2007		1.18
00550	12/28/2007		1.2
00719	12/07/2007		.02
01079	12/07/2007		1.
01079	12/14/2007		1.
01079	12/21/2007		1.
01079	12/28/2007		1.
01094	12/07/2007		10.
01094	12/14/2007		10.
01113	12/07/2007		10.
01113	12/14/2007		10.
01113	12/21/2007		10.
01113	12/28/2007		10.
01119	12/07/2007		10.
01119	12/14/2007		10.
01119	12/21/2007		10.
01119	12/28/2007		10.
50060	12/07/2007		.01
50060	12/14/2007		.01
50060	12/21/2007		.01
50060	12/28/2007		.01
50092	12/07/2007		.5

## MONTHLY REPORT FORM

4500

Name, Address City, County, ZIP :

Detrex  
1100 State Rd  
Ashtabula OH 44004

Station Code :

588

Reported Date (Month Year) :

December 2007

Application :

31F00017\*KD

1/14/2008

Sampling Station Description :

Sludge Monitoring

in(1) - Enter 1 for Continuous, 2 for Composite, 3 for Grab Sample

Reporting Lab :

Analyst :

in(2) - Enter frequency of sampling

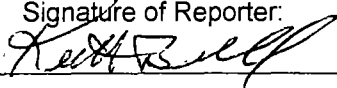
(1)	3						
(2)	1						
	(70318) Sludge Solids, Percent Total %	(80991) Sludge Volume, Gallons Gals					
Day							
01	AL						
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
TOTAL	0	0	0	0	0	0	0
AVG	0						
MAX	0						
MIN	0	0	0	0	0	0	0

I certify under the penalty of law that I have personally examined and am familiar with the information submitted and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Date Report Completed:

01/14/2008

Signature of Reporter:



Title of Reporter:

Environmental

## MONTHLY REPORT FORM

4500

Name, Address City, County, ZIP :

Detrex  
1100 State Rd  
Ashtabula OH 44004

Station Code :

588

Reported Date (Month Year) :

December 2007

Application :

3IF00017\*KD

1/14/2008

Sampling Station Description :

Sludge Monitoring

Reporting Code	Result Date	Additional Remarks	Mdl
70318	12/01/2007	No sludge removed	.

## MONTHLY REPORT FORM

4500

Name, Address City, County, ZIP :

Station Code :

Reported Date (Month Year) :

Application :

1/14/2008

Detrex  
1100 State Rd  
Ashtabula OH 44004

601

December 2007

3IF00017\*KD

Sampling Station Description :

Internal Monitoring Final

in(1) - Enter 1 for Continuous, 2 for Composite, 3 for Grab Sample

in(2) - Enter frequency of sampling

Reporting Lab :

Firstechonology, Inc.

Analyst :

DR, WSS, BSS, DC

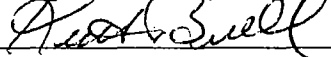
(1)	1	1	3	3	3	1	1
(2)	999	999	1	1	1	999	999
Day	(00056) Flow Rate GPD	(00083) Color, Severity Units	(00400) pH S.U.	(00530) Total Suspended Solids mg/l	(00610) Nitrogen, Ammonia (NH3) mg/l	(01330) Odor, Severity Units	(01350) Turbidity, Severity Units
01	446	1				1	1
02	AC	AC				AC	AC
03	44	1				1	1
04	472	1				1	1
05	872	1				1	1
06	752	1				1	1
07	846	1	7.42	AA	AA	1	1
08	195	1				1	1
09	AC	AC				AC	AC
10	759	1				1	1
11	963	1				1	1
12	1134	1				1	1
13	933	1				1	1
14	873	1				1	1
15	44	1				1	1
16	87	1				1	1
17	1164	1				1	1
18	954	1				1	1
19	952	1				1	1
20	837	1				1	1
21	844	1				1	1
22	88	1				1	1
23	43	1				1	1
24	AN	AN				AN	AN
25	AN	AN				AN	AN
26	448	1				1	1
27	906	1				1	1
28	902	1				1	1
29	418	1				1	1
30	AC	AC				AC	AC
31	AN	AN				AN	AN
TOTAL	15976	25	7.42	0	0	25	25
AVG	639.04	1	N/A	0	0	1	1
MAX	1164	1	7.42	0	0	1	1
MIN	43	1	7.42	0	0	1	1

I certify under the penalty of law that I have personally examined and am familiar with the information submitted and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Date Report Completed:

01/14/2008

Signature of Reporter:



Title of Reporter:

Environmental



## MONTHLY REPORT FORM

4500

Name, Address City, County, ZIP :

Detrex  
1100 State Rd  
Ashtabula OH 44004

Station Code :

601

Reported Date (Month Year) :

December 2007

Application :

3IF00017\*KD

1/14/2008

Sampling Station Description :

Internal Monitoring Final

in(1) - Enter 1 for Continuous, 2 for Composite, 3 for Grab Sample

in(2) - Enter frequency of sampling

Reporting Lab :

Firstechnology, Inc.

Analyst :

DR, WSS, BSS, DC

(1)	3						
(2)	1						
	(80082) CBOD 5 day mg/l						
Day							
01							
02							
03							
04							
05							
06							
07	AA						
08							
09							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
TOTAL	0	0	0	0	0	0	0
AVG	0						
MAX	0						
MIN	0	0	0	0	0	0	0

## MONTHLY REPORT FORM

4500

Name, Address City, County, ZIP :

Detrex  
1100 State Rd  
Ashtabula OH 44004

Station Code :

601

Reported Date (Month Year) :

December 2007

Application :

3IF00017\*KD

1/14/2008

Sampling Station Description :

Internal Monitoring Final

Reporting Code	Result Date	Additional Remarks	Mdl
00056	12/02/2007	Plant not operating	.
00056	12/09/2007	Plant not operating	.
00056	12/24/2007	Holiday, plant not operating	.
00056	12/25/2007	Holiday, plant not operating	.
00056	12/30/2007	Plant not operating	.
00056	12/31/2007	Holiday, Plant not operating	.
00083	12/02/2007	Plant not operating	.
00083	12/09/2007	Plant not operating	.
00083	12/24/2007	Holiday, plant not operating	.
00083	12/25/2007	Holiday, plant not operating	.
00083	12/30/2007	Plant not operating	.
00083	12/31/2007	Holiday, Plant not operating	.
00530	12/07/2007		6.
00610	12/07/2007		.1
01330	12/02/2007	Plant not operating	.
01330	12/09/2007	Plant not operating	.
01330	12/24/2007	Holiday, plant not operating	.
01330	12/25/2007	Holiday, plant not operating	.
01330	12/30/2007	Plant not operating	.
01330	12/31/2007	Holiday, Plant not operating	.
01350	12/02/2007	Plant not operating	.
01350	12/09/2007	Plant not operating	.
01350	12/24/2007	Holiday, plant not operating	.
01350	12/25/2007	Holiday, plant not operating	.
01350	12/30/2007	Plant not operating	.
01350	12/31/2007	Holiday, Plant not operating	.
80082	12/07/2007		2.

## MONTHLY REPORT FORM

4500

Name, Address City, County, ZIP :

Station Code :

Reported Date (Month Year) :

Application :

1/14/2008

Detrex  
1100 State Rd  
Ashtabula OH 44004

602

December 2007

3IF00017\*KD

Sampling Station Description :

Internal Monitoring Final

in(1) - Enter 1 for Continuous, 2 for Composite, 3 for Grab Sample

Reporting Lab :

Analyst :

in(2) - Enter frequency of sampling

Firstechnology, Inc.

AC

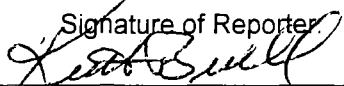
(1)	3	3	3	3	3	3	3
(2)	1	1	1	1	1	1	1
Day	(00400) pH S.U.	(32106) Chloroform ug/l	(34423) Methylene Chloride, ug/l	(34501) 1,1-Dichloroethylene, ug/l	(34506) 1,1-Trichloroethane, ug/l	(34511) 1,2-Trichloroethane, ug/l	(34516) 2,2-Tetrachloroethane, ug/l
01	8.4						
02	AC						
03	8.3						
04	8.7						
05	8.7						
06	8.6						
07	8.3	AA	AA	AA	AA	AA	AA
08	AC						
09	AC						
10	AC						
11	8.2						
12	8.5						
13	8.6						
14	8.6	AA	1.07	AA	AA	AA	AA
15	8.1						
16	8.3						
17	8.6						
18	8.4						
19	8.3						
20	8.2						
21	AC	AA	AA	AA	AA	AA	AA
22	AC						
23	AC						
24	AN						
25	AN						
26	AC						
27	8.7						
28	8.7	AA	AA	AA	AA	AA	AA
29	8.6						
30	8.5						
31	8.4						
TOTAL	177.7	0	1.07	0	0	0	0
AVG	N/A	0	0.2675	0	0	0	0
MAX	8.7	0	1.07	0	0	0	0
MIN	8.1	0	0	0	0	0	0

I certify under the penalty of law that I have personally examined and am familiar with the information submitted and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Date Report Completed:

01/14/2008

Signature of Reporter:



Title of Reporter:

Environmental

## MONTHLY REPORT FORM

4500

Name, Address City, County, ZIP :

Detrex  
1100 State Rd  
Ashtabula OH 44004

Station Code :

602

Reported Date (Month Year) :

December 2007

Application :

3IF00017\*KD

1/14/2008

Sampling Station Description :

Internal Monitoring Final

in(1) - Enter 1 for Continuous, 2 for Composite, 3 for Grab Sample  
in(2) - Enter frequency of sampling

Reporting Lab :

Firstechnology, Inc.

Analyst :

AC

(1)	3	3	1				
(2)	1	1	999				
	(34566) 1,3-Dichlorobenz ug/l	(39180) Trichloroethylene ug/l	(50050) Flow Rate MGD				
Day							
01			0.121				
02			AC				
03			0.162				
04			0.24				
05			0.228				
06			0.218				
07	AA	AA	0.06				
08			AC				
09			AC				
10			AC				
11			0.144				
12			0.235				
13			0.222				
14	AA	AA	0.23				
15			0.056				
16			0.208				
17			0.28				
18			0.272				
19			0.264				
20			0.087				
21	AA	AA	AC				
22			AC				
23			AC				
24			AN				
25			AN				
26			AC				
27			0.179				
28	AA	AA	0.276				
29			0.045				
30			0.034				
31			0.031				
TOTAL	0	0	3.592	0	0	0	0
AVG	0	0	0.171				
MAX	0	0	0.28				
MIN	0	0	0.031	0	0	0	0

## MONTHLY REPORT FORM

4500

Name, Address City, County, ZIP :

Station Code :

Reported Date (Month Year) :

Application :

1/14/2008

Detrex

602

December 2007

3IF00017\*KD

1100 State Rd

Ashtabula OH 44004

Sampling Station Description :

Internal Monitoring Final

Reporting Code	Result Date	Additional Remarks	Mdl
00400	12/02/2007	Plant not operating	.
00400	12/08/2007	Plant not operating	.
00400	12/09/2007	Plant not operating	.
00400	12/10/2007	Plant not operating	.
00400	12/21/2007	Plant not operating	.
00400	12/22/2007	Plant not operating	.
00400	12/23/2007	Plant not operating	.
00400	12/24/2007	Holiday, plant not operating	.
00400	12/25/2007	Holiday, plant not operating	.
00400	12/26/2007	Plant not operating	.
32106	12/07/2007		1.
32106	12/14/2007		1.
32106	12/21/2007		1.
32106	12/28/2007		1.
34423	12/07/2007		4.
34423	12/21/2007		2.
34423	12/28/2007		2.
34501	12/07/2007		1.
34501	12/14/2007		1.
34501	12/21/2007		1.
34501	12/28/2007		1.
34506	12/07/2007		1.
34506	12/14/2007		1.
34506	12/21/2007		1.
34506	12/28/2007		1.
34511	12/07/2007		1.
34511	12/14/2007		1.
34511	12/21/2007		1.
34511	12/28/2007		1.
34516	12/07/2007		1.
34516	12/14/2007		1.
34516	12/21/2007		1.
34516	12/28/2007		1.
34566	12/07/2007		1.
34566	12/14/2007		1.
34566	12/21/2007		1.
34566	12/28/2007		1.
39180	12/07/2007		1.
39180	12/14/2007		1.

Reporting Code	Result Date	Additional Remarks	Mdl
39180	12/21/2007		1.
39180	12/28/2007		1.
50050	12/02/2007	Plant not operating	.
50050	12/08/2007	Plant not operating	.
50050	12/09/2007	Plant not operating	.
50050	12/10/2007	Plant not operating	.
50050	12/21/2007	Plant not operating	.
50050	12/22/2007	Plant not operating	.
50050	12/23/2007	Plant not operating	.
50050	12/24/2007	Holiday, plant not operating	.
50050	12/25/2007	Holiday, plant not operating	.
50050	12/26/2007	Plant not operating	.

## MONTHLY REPORT FORM

4500

Name, Address City, County, ZIP :

Station Code :

Reported Date (Month Year) :

Application :

1/14/2008

Detrex  
1100 State Rd  
Ashtabula OH44004

800

December 2007

3IF00017\*KD

Sampling Station Description :

Intake

in(1) - Enter 1 for Continuous, 2 for Composite, 3 for Grab Sample

Reporting Lab :

Analyst :

in(2) - Enter frequency of sampling

Firstechnology, Inc.

WSS, TR, STB, BSS

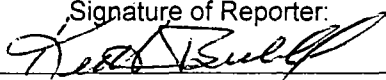
(1)	3	2	3	1			
(2)	1	2	1	999			
Day	(50092) Mercury, Total (Low Level) ng/l	(00530) Total Suspended Solids mg/l	(00550) Oil and Grease, Total mg/l	(50050) Flow Rate MGD			
01				0.188			
02				0.097			
03				0.404			
04				0.443			
05				0.417			
06				0.417			
07	1.7	AA	AA	0.361			
08				0.184			
09				0.096			
10				0.403			
11				0.544			
12				0.53			
13				0.488			
14		AA	AA	0.488			
15				0.151			
16				0.12			
17				0.315			
18				0.461			
19				0.54			
20				0.472			
21		6	AA	0.535			
22				0.12			
23				0.12			
24				0.12			
25				0.12			
26				0.275			
27				0.478			
28		AA	AA	0.489			
29				0.135			
30				0.096			
31				0.096			
TOTAL	1.7	6	0	9.703	0	0	0
AVG	1.7	1.5	0	0.313			
MAX	1.7	6	0	0.544			
MIN	1.7	0	0	0.096	0	0	0

I certify under the penalty of law that I have personally examined and am familiar with the information submitted and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Date Report Completed:

01/14/2008

Signature of Reporter:



Title of Reporter:

Environmental

## MONTHLY REPORT FORM

4500

Name, Address City, County, ZIP :

Detrex  
1100 State Rd  
Ashtabula OH 44004

Station Code :

800

Reported Date (Month Year) :

December 2007

Application :

3IF00017\*KD

1/14/2008

Sampling Station Description :

Intake

Reporting Code	Result Date	Additional Remarks	Mdl
00530	12/07/2007		6.
00530	12/14/2007		6.
00530	12/28/2007		6.
00550	12/07/2007		1.2
00550	12/14/2007		1.2
00550	12/21/2007		1.18
00550	12/28/2007		1.2